

 <p><b>Montana Secretary of State RECORDS AND INFORMATION MANAGEMENT</b></p> <p style="font-size: 2em;"><b>RM 1</b></p>		<p style="font-size: 2em;"><b>RECORDS SERIES PROFILE</b></p>		<p><b>1. PROGRAM CODE</b></p>	
<p><b>2. AGENCY CREATING RECORD</b>  Agency Name:  Program Name:  Item Number:</p>			<p><b>3. RECORDS SERIES TITLE</b></p>		
<p><b>4. AGENCY CONTACT</b>  Name:  Title:  Telephone:</p>			<p><b>5. LOCATION OF SERIES</b>  <input type="checkbox"/> Office      <input type="checkbox"/> Off Site Storage      <input type="checkbox"/> PC/Network:  Building:  Room #  Address:  City, State, Zip:</p>		
<p><b>6. SERIES DESCRIPTION</b>  Type:  Format:  Content:  Function:  Completeness:</p>			<p><b>7. INCLUSIVE DATES (Mon/Day/Yr)</b>   Start:   End:</p>		
<p><b>8. ARRANGEMENT</b>  <input type="checkbox"/> Alphabetically  <input type="checkbox"/> Chronologically  <input type="checkbox"/> Functionally  <input type="checkbox"/> Numerically  <b>OTHER</b>  <input type="checkbox"/> Other  Specify:</p>		<p><b>9. ESSENTIAL RECORD RECOVERY TIME</b>  <input type="checkbox"/> 24 hours  <input type="checkbox"/> 2-5 days  <input type="checkbox"/> 5-10 days  <input type="checkbox"/> 1-30 days  <input type="checkbox"/> 30 days and beyond</p>		<p><b>10. DUPLICATION</b>  Form or Content:  Full or Partial:  Hard copy or Electronic:  Duplication Location:  Official or Duplicate:</p>	
<p><b>11. NATURE AND FREQUENCY OF USE</b>  First Year:  Second Year:  Third Year:  Older:</p> <div style="float: right; text-align: right;"> Source of Requests:  Purpose of Requests (check all that apply):  <input type="checkbox"/> Administrative    <input type="checkbox"/> Historic    <input type="checkbox"/> Legal    <input type="checkbox"/> Reference  Or other </div>					
<p><b>12. LAWS OR POLICIES GOVERNING RETENTION - - - INCLUDE A COPY</b></p>					
<p><b>13. RECOMMENDED RETENTION IN YEARS (END EVENT)</b>   Office:   Storage:   Total:</p>		<p><b>14. RETENTION CYCLE</b>  <input type="checkbox"/> Calendar Year  <input type="checkbox"/> Fiscal Year</p>		<p><b>14. RECOMMENDED FINAL DISPOSITION</b>  <input type="checkbox"/> Delete  <input type="checkbox"/> Image &amp; Destroy  <input type="checkbox"/> Incinerate  <input type="checkbox"/> Microfilm &amp; Destroy  <input type="checkbox"/> Offer to State Archives  <input type="checkbox"/> Offer to State Library  <input type="checkbox"/> Shred  <input type="checkbox"/> Toss  <input type="checkbox"/> Transfer to Archives</p>	
<p><b>15. COMMENTS</b></p>					
<p><b>16. SIGNATURE OF PREPARER</b>  Typed Signature   Preparer's Signature</p>				<p><b>17. DATE OF PREPARATION</b></p>	

One copy with original signature goes to Records and Information Management. Retain one copy for the agency.